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WAR MARKET	٠,

Hadaan Da		A = 4 = £ 400	5			nt and Trader	oved for use through mark Office; U.S. DEI	06/30/2010. PARTMENT (OF COMMERCE	
Under the Pa		espond to a collection of information unless it displays a valid OMB control number. Complete if Known								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/550,571-C						
FEE TRANSMITTAL					September 23,	3, 2005				
						Jordi TORMO	O I BLASCO			
For FY 2007				Examiner Name E. A. Leeser						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	rt Unit 1624					
TOTAL AMOUNT OF PAYMENT (\$) 2,070.00				Attorney Docket	No.	4266-0135PUS1				
METHOD OF	PAYMENT (check all	that apply)			<u> </u>		·		
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):										
Denosit Ac	COURT Perceit A		· L	 148	L	•		rt. Kolasc	h & Birch.	
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	harge fee(s) ind			CLOI IS		•		ccept for t	he filina fee	
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments										
FEE CALCU		-FK 1.16	and 1.17							
		ND FXA	MINATION FEES							
II DAGIO I IEII	io, oearon, a		IG FEES		ARCH FEES		NATION FEES			
Application T	ype <u>I</u>	Fee (\$)	Small Entity Fee (\$)	ee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility		300	150	500	250	200	100			
Design		200	100	100	50	130	65			
Plant		200	100	300	150	160	80			
Reissue		300	150	500	250	600	300			
Provisional		200	100	0	0	0	0			
2. EXCESS CL	AIM FEES								Small Entity	
Fee Description Fee (\$)								Fee (\$)		
Each independent claim over 3 (including Reissues)							50 200	25 100		
Multiple depend		(includi	ing iversaucs)					360	180	
Total Claims	Extra Clai	ims	Fee (\$)	Fee F	Paid (\$)	N	luitiple Depende		100	
	- 20 =				<u>u.o (v)</u>	Fee (\$)			3)	
	nber of total claims					<u>-</u>	== 141	ee Paid (4	
Indep. Claims	Extra Clai	ims	Fee (\$)	Fee F	Paid (\$)					
2 -3 = x = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATIO	,		, .					•		
If the specifica	ation and drawi	ngs exce	ed 100 sheets of papplication size f	oaper fee du	(excluding electres is \$250 (\$125	ronically f	iled sequence or	computer	n	
sheets or fr	action thereof.	See 35 U	J.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).		, , • • • • • • • • •		-	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE			/50 =		(round up to a wh	ole number)	×	F000	Paid (\$)	
		\$130 fe	e (no small entity	/ disco	ount)			1 663	. aiu 197	
-	· ·	4	801 Request for			tion (RC	E) (see 37	79	00.00	
1253 Extension for response within third month								1,020.00		
SUBMITTED BY		-1								
Signature					Registration No. (Attorney/Agent)	32,868	Telephone	(703) 20	5-8000	
Name (Print/Type)	Andrew D. M	leikle					Date	August 1	6, 2007	
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